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PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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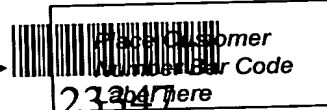
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/826,629
Filing Date	April 5, 2001
First Named Inventor	Allen David Roses
Group Art Unit	
Examiner Name	
Attorney Docket Number	PU3948US2

I hereby appoint:

☒ Practitioners at Customer Number

23347



OR

☐ Practitioner(s) named below:

Name	Registration Number

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Allen David Roses

Signature

Allen David Roses

Date

6-7-01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	PU3948US2
	First Named Inventor	Allen David Roses
	COMPLETE IF KNOWN	
	Application Number	09 / 826,629
	Filing Date	April 5, 2001
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ITERATIVE ANALYSIS OF NON-RESPONDING POPULATIONS IN THE DESIGN OF PHARMACOGENETIC STUDIES

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

April 5, 2001

as United States Application Number or PCT International

Application Number 09/826,629 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above:

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/194,789	April 5, 2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

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NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Allen David			Family Name or Surname	Roses
Inventor's Signature <i>Allen David Roses</i>			Date 6/7/01	
Residence: City	Durham	State	NC	Country US
Citizenship US				
Mailing Address GlaxoSmithKline., Five Moore Drive				
Mailing Address PO Box 13398				
City	Research Triangle Park	State	NC	ZIP 27312
Country US				
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature			Date	
Residence: City		State		Country
Citizenship				
Mailing Address				
Mailing Address				
City		State		ZIP
Country				
<input type="checkbox"/> Additional inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				